

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 02/20/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 02/23/2006						
		FINANCIAL PAYER: NCDMH						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	11	12292	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	12292	12337	45
3404904	WESTERN HIGHLAN DS LME	8505	446	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		191	130	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	1	822	14641	13819
		21	91	DUPLICATE OF CLAIM-SYSTEM				
3404910	PATHWAYS	8505	1308	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	140	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	1606	2481	875
		11	98	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAWBA COUNTYM ENTAL HEALT	21	689	DUPLICATE OF CLAIM-SYSTEM				
		11	14	CLIENT NOT ELIGIBLE ON SERVICE DATE	12	731	4080	3349
		8505	5	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404913	MECKLENBURG COM ENTAL HEALT	11	32	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	49	55	6
		8932	6	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA VIORAL HEAL	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404917	CENTERPOINT HUM AN SERVICES	8505	2231	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		79	241	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	9	2706	4456	1750
		11	126	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TMC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	432	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	119	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	144	844	19435	18591
		21	92	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL L AREA MH D	8505	751	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	159	CLIENT NOT ELIGIBLE ON SERVICE DATE	31	1210	4316	3106
		8599	128	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	8505	3205	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	2226	DUPLICATE OF CLAIM-SYSTEM	16	6244	8424	2180
		8599	280	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8599	409	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8529	196	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	11	890	5229	4339
		21	122	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	11	145	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	253	1327	1074
		120	16	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	1619	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	319	DUPLICATE OF CLAIM-SYSTEM	68	2895	6449	3554
		120	260	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404926	SOUTHEASTERN RE G MENTAL HL	11	1408	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	180	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1656	2567	911
		8533	19	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.				

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3404927	CUMBERLAND CO M HC	8505	1301	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	63	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	7	1498	2327	829
		11	51	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	45	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	9	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	56	73	17
		8800	2	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404931	WAKE CO HUM SVC BILLING OF	8599	263	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	156	DUPLICATE OF CLAIM-SYSTEM	17	611	2470	1859
		8952	59	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	74	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	36	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	14	174	2288	2114
		11	20	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONSLow CARTERET BEHAV HEAL	8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	33	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	4	176	1465	1289
		8535	32	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	44	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	17	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	17	63	2425	2362
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

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3404937	EDGEcombe NASH MNTL HLTH C	8518	382	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	11	DUPLICATE OF CLAIM-SYSTEM	0	408	1287	979
		191	7	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8800	170	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8505	165	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	413	902	489
		8599	34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S AS CENTER	8537	227	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		8536	111	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	2	681	1426	745
		8599	77	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH UMAN SERVIC	8931	17	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		79	14	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	19	53	1065	1012
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	8931	35	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		21	31	DUPLICATE OF CLAIM-SYSTEM	42	137	1113	976
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	79	326	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		11	230	CLIENT NOT ELIGIBLE ON SERVICE DATE	31	1101	6387	5286
		8599	197	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	8505	346	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	184	DUPLICATE OF CLAIM-SYSTEM	14	607	851	244
		8800	45	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER		HIGH DENIAL	NUMBER OF		TMC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404957	TIDELAND MENTAL	8518	813	CLAIM DENIED, SUBMITTED BEYOND				
	HEALTH CTR			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	160	DETAIL NOT COVERED BY COMBINAT	23	1067	4322	3255
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	28	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404979	NEW RIVER AREAM	8599	107	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SA PRO			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	77	AMTNC INELIGIBLE TO RECEIVE SE	102	349	6743	6394
				RVICES IN IPRS.				
		11	69	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				